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PTO/SB/01 (10-00)

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DECLARATION FOR UTILITY OR		First Named Inventor	Louis Robert Litwin et al.	
		COMPLETE IF KNOWN		
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Given Name LOUIS ROBERT				1	Family Name LITWIN or Surname			
Inventor's Signature	Mu	A Sta	m fo	Mh			Date Jeff	
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**Application Number** 

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#### Attorney Docket Number I hereby appoint: **Customer Number 24498** ☑ Practitioners at Customer Number OR ☐ Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number:. OR The address associated with Customer Number: OR Firm or Joseph S. Tripoli, Patent Operations Individual Name Address P. O. BOX 5312 **Address PRINCETON** NJ ZIP 08543-5312 City State USA Country Telephone 609-734-6839 Fax 609-734-6888 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Joseph J. Opalach, Registration No. 36,229 Name Signature Telephone 609-734-6839 Date 06 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*. \*Total of \_ forms are submitted.

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